

Blackstone / GSO Senior Floating Rate Term Fund
 Form 3
 November 03, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

<p>1. Name and Address of Reporting Person *</p> <p>Â METROPOLITAN LIFE INSURANCE CO/NY</p> <p>(Last) (First) (Middle)</p> <p>10 PARK AVENUE,Â P.O. BOX 1902</p> <p>(Street)</p> <p>MORRISTOWN,Â NJÂ 07962</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>08/13/2010</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Blackstone / GSO Senior Floating Rate Term Fund [BSL]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director ___X___ 10% Owner ___ Officer ___ Other (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p>__X__ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person</p>
--	---	---	--	---	---

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Blackstone/GSO Senior Floating Rate Term Fund <u>(1)</u>	\$ 63,000,000	D	Â
Blackstone/GSO Senior Floating Rate Term Fund <u>(2)</u>	\$ 15,000,000	D	Â
Blackstone/GSO Senior Floating Rate Term Fund <u>(3)</u>	\$ 2,000,000	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

